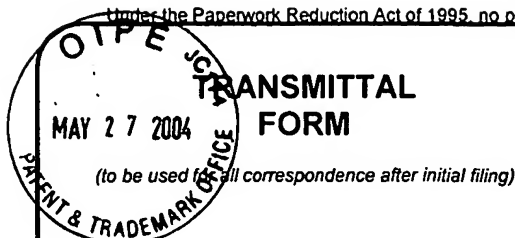


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| | |
|------------------------|----------------------|
| Application Number | 10/770,390 |
| Filing Date | February 4, 2004 |
| First Named Inventor | Catherine L. Gifford |
| Art Unit | Not yet Assigned |
| Examiner Name | Not yet Assigned |
| Attorney Docket Number | 63616.000002 |

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

| | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (1 page) |
| Remarks _____ | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|-------------------------|---|--|--|
| Firm or Individual name | Hunton & Williams, LLP, Customer Number 21967 Andrew J. Ririe, Registration No. 45,597 | | |
| Signature | | | |
| Date | May 27, 2004 | | |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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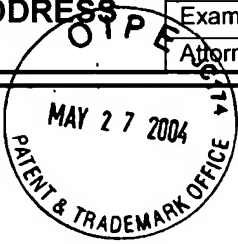
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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

| | |
|------------------------|----------------------|
| Application Number | 10/770,390 |
| Filing Date | February 4, 2004 |
| First Named Inventor | Catherine L. GIFFORD |
| Art Unit | Not yet assigned |
| Examiner Name | Not yet assigned |
| Attorney Docket Number | 63616.000002 |

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number:

OR

| | | | | | |
|---|--------------------------|------------------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Catherine L. Gifford | | | | |
| Address | 1049 Lush Hillside Court | | | | |
| Address | | | | | |
| City | Henderson | State | NV | Zip | 89015 |
| Country | US | | | | |
| Telephone | 702-565-0750 | Fax | None | | |
| Name | Andrew J. Ririe | | | | |
| Signature | | Registration No. | 45,597 | | |
| Date | May 27, 2004 | Telephone No. | 703-714-7400 | | |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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